

Case Number:	CM14-0028273		
Date Assigned:	06/13/2014	Date of Injury:	08/08/2013
Decision Date:	07/23/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	03/05/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 43 year-old male with date of injury 08/08/2013. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 1/31/2014, lists subjective complaints as pain and instability of the right knee. Objective findings: Examination of the right knee revealed range of motion 2 degrees to 125 degrees. MCL and LCL were grade 1. Lachman was 2B. Diagnosis: 1. Post-op arthroscopic surgery, right knee. 2. Right knee SCL tear and internal derangement. Patient has attended 17 physical therapy sessions to date. The below medications are prescribed in conjunction with a planned anterior cruciate ligament repair of the patient's right knee. Medications: 1. Keflex 500mg #122. Zofran 4mg3. Ibuprofen 600mg #904. Vitamin C 500mg #60 No SIG given for the above medications

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

KEFLEX 500MG QTY: 12: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: American Academy of Orthopedic Surgeons Practice Guidelines; Recommendations

for the Use of Intravenous Antibiotic Prophylaxis in Primary Total Joint Arthroplasty; Information Statement 1027; June 2004.

Decision rationale: According to the American Academy of Orthopedic Surgeons Practice Guidelines, prophylactic antibiotics for surgery should be given intravenously just prior to surgery and continued for 24 hours. Oral antibiotics such as Keflex, are not indicated. Keflex 500 mg, #12 is not medically necessary.

ZOFRAN 4MG: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Ondansetron (Zofran).

Decision rationale: There is no documentation that the patient is suffering nausea or vomiting due to any of the approved indications for ondansetron. Current approved indications include nausea as a result of cancer chemotherapy, radiation of the abdomen or total body radiotherapy, or postoperative nausea/vomiting. Ondansetron not recommended for nausea and vomiting secondary to chronic opioid use. Zofran is not medically necessary.

IBUPROFEN 600MG QTY: 90.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, page(s) 67-73 Page(s): 67-73.

Decision rationale: The MTUS recommends that NSAIDs be used at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. IBUPROFEN 600MG QTY: 90.00 is not medically necessary.

VITAMIN C 500MG QTY: 60.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical food.

Decision rationale: The MTUS and the Official Disability Guidelines are silent on the use of vitamin C taken after surgery. A search of the literature has revealed studies including but vitamin C is both helpful and harmful to wound healing during the postoperative period. In this case however, vitamin C and can be considered a medical food. Medical food is defined in section 5(b) of the Orphan Drug Act (21 U.S.C. 360ee (b) (3)) as "a food which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation. Medical foods do not have to be registered with the FDA and as such are not typically subject to the rigorous scrutiny necessary to allow recommendation by evidence-based guidelines. Vitamin C is not medically necessary.